

Wisconsin DRIVER REPORT OF ACCIDENT

 **DO NOT COMPLETE** this Driver Report of Accident if a law enforcement officer completed a Wisconsin Motor Vehicle Accident Report.

 **COMPLETE** this Wisconsin Driver Report of Accident if:

- There was \$1000 or more damage to any one person's property
- OR -
- Anyone was injured
- OR -
- There was \$200 or more damage to government property, other than vehicles.

MV4002 1/2004 s.346.70(2) Wis. Stats.

Wisconsin Department of Transportation

Please provide all requested information. Print clearly.

1. You are "Unit 1".
2. An individual involved in the accident must sign the report.
3. Provide all information on the other driver(s)/owner(s) involved. Incomplete reports may be returned requesting missing information. If you need assistance, contact your insurance agent, local law enforcement agency, or the DOT Traffic Accident Section at 608-266-8753.
4. Use the "Narrative" and "Diagram" sections to explain how the accident happened.
5. If more space is needed, use plain paper and attach to this report.
6. This form is available at www.dot.wisconsin.gov/drivers/drivers/traffic/accident.htm.

Retain a copy of this report for your records before mailing.

Mail completed report to address shown below.

(Fold report so that address panel shows to outside - **tape bottom edge closed and mail - Do not staple**).

Important - Please print your return address:

Place stamp here
Post Office
will not deliver
without postage

**TRAFFIC ACCIDENT SECTION
WISCONSIN DEPT OF TRANSPORTATION
P O BOX 7919
MADISON WI 53707-7919**

WISCONSIN DRIVER REPORT OF ACCIDENT

(See instructions on page 1 before completing - Please Print).

**CONTINUE ONLY ...if there was \$1000 or more damage to any one person's property,
OR ...if anyone was injured,
OR ...if there was \$200 or more damage to government property, other than vehicles.**

Hit and Run Accident? <input type="checkbox"/> YES		ACCIDENT LOCATION	County of	City, Village or Township of	ACCIDENT DATE	Month	Day	Year	Day of Week	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Total Units Involved	Total Injured *		Name and Number of Street(s) or Highway or Parking Lot								

TYPE OF ACCIDENT (Please check one) ☐ Hit another motor vehicle in operation ☐ Hit a parked vehicle ☐ Hit a deer ☐ Hit a bicyclist or pedestrian ☐ Other

UNIT 1	Driver Full Name (Last, First, MI)	Sex
	Address	Birth Date
	City & State	Zip Code
	Daytime Phone Number	()
	Driver License Number	Issuing State
	Vehicle Legally Parked <input type="checkbox"/> YES	Operating a commercial vehicle? <input type="checkbox"/> YES
	If yes, circle appropriate classification A B C	
	Owner Full Name (Last, First, MI)	
	Address	
	City & State	Zip Code
	Daytime Phone Number	()
	License Plate Number	Exp Yr Issuing State Vehicle Make Year Color
	Vehicle Identification Number	
	Was a motor vehicle liability insurance policy in effect on the day of the accident? <input type="checkbox"/> NO <input type="checkbox"/> YES	Policy Holder's Name
	Exact Name of Insurance Company	

***INJURED** Important - Number of injuries reported must equal number entered in "Total Injured" box above. For additional injuries, provide the information on a separate piece of paper and attach. **Injury Codes: A=Severe, B=Moderate, C=Minor**

Unit No.	Name (Last, First, MI)	Address	City & State	Zip Code	Sex	Birth Date	Injury Code
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VEHICLE DAMAGE	Unit 1 - Important - Circle the numbers closest to the damaged areas.	Unit 2 - Important - Circle the numbers closest to the damaged areas.
Damage Estimate (Required)	Damage Estimate (If Known)	
\$	\$	

PROPERTY DAMAGE	Describe what was damaged. Property damage includes structures, trees, fences, towed items, etc. Do NOT include vehicle damage.
Property Owner Full Name (Last, First, MI)	Address, City, State & Zip Code
	Daytime Phone Number ()

NARRATIVE Print a brief description of the accident.	DIAGRAM Draw a basic picture of the accident and location. Indicate North by putting an arrow in the circle.



X

(Signature Required)